

Refinements in Technique Improve Local Anesthetic Blocks of the Lips

Straightforward updates improve patient comfort and contribute to greater overall satisfaction.

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In a cosmetic practice, inadequate pain control can be a bad experience for both the physician and the patient. The popularity of lip enhancement procedures has created a need for adequate pain control during the injection of filler substances. Traditional blocks of the infraorbital and mental nerves often fail to anesthetize areas such as the cupid's bow and oral commissures. How can dermatologists efficiently achieve satisfactory pain control? In our office we use a simple refinement in technique that provides complete anesthesia.

The Technique

To begin, the patient is seated in the examination chair with his or her head in a median position, well supported by the back of the chair. Sensitive patients may benefit from application of a topical anesthetic jelly to the buccal groove before the procedure begins, however we find most patients tolerate intraoral anesthesia without difficulty. We then proceed with localized bilateral infraorbital and mental nerve blocks using a dental syringe, 30 gauge, 13/16 inch short dental needle with a Septocaine cartridge (Articaine hydrochloride 4% with epinephrine 1:100,000; Septodont, Inc.). We have found that the onset of action of articaine is faster than lidocaine and the anesthesia more complete; however a standard 3cc syringe, 30 gauge, 1/2 inch needle and 1-2% xylocaine will suffice.

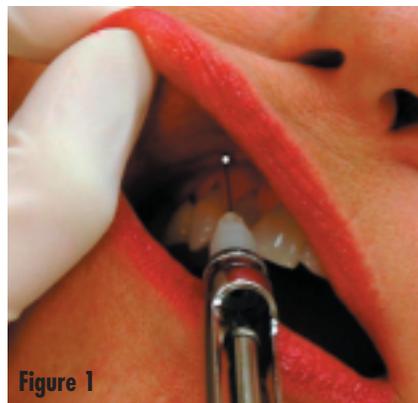


Figure 1

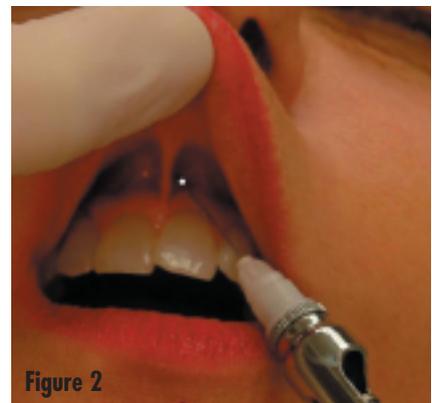


Figure 2

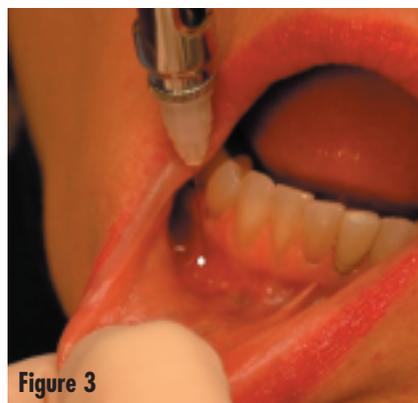


Figure 3

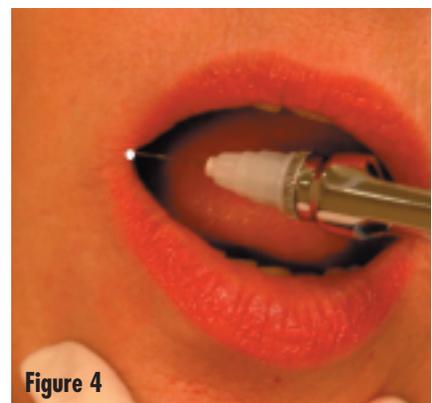


Figure 4

Figure 1. Localized infraorbital nerve block in the superior buccal groove above the location of the canine fossa.
 Figure 2. Localized mental nerve block in the inferior buccal sulcus at the root of the second premolar.
 Figure 3. Injection of anesthetic at the base of the upper labial frenulum to numb the philtrum and Cupid's bow.
 Figure 4. Direct injection of a minimal amount of anesthetic into the lateral oral commissure to numb the corners of the mouth.

With the free hand, the physician retracts the patient's lip, and a dental syringe is inserted slightly toward the gingival side of the superior buccal groove above the location of the canine fossa (usually the third tooth from the midline). (Figure 1) Injection of 0.5cc

of anesthetic just below the mucosa will adequately anesthetize the upper lip. It is important to inject the anesthetic slowly to minimize burning and discomfort. If anesthesia of the medial cheek is also desired for work on the nasolabial folds, it is necessary to direct

the needle further toward the infraorbital foramen in the mid-pupillary line to proximally anesthetize the nerve. If there is no need for anesthesia of the nasolabial folds, however, we find most patients prefer to keep the anesthetized region to the distal portion of the nerve, leaving sensation of the remaining medial cheek intact.

The mental nerve is blocked by injecting approximately 0.5cc of anesthetic into the inferior buccal sulcus at the root of the second premolar (usually the fourth tooth from the midline). (Figure 2) As with the infraorbital nerve block, it is not necessary to insert the needle down toward the foramen unless anesthesia of the chin is also desired.

Once bilateral infraorbital and mental nerve blocks are complete, we add an additional injection of 0.25cc of anesthetic at the base of the upper labial frenulum to completely numb the philtrum and Cupid's bow. (Figure 3) Finally, the needle is inserted from a medial position directly into the lateral oral commissure and advanced about 1cm. (Figure 4) A small amount of anesthetic is injected locally into the tissue as the needle is pulled out. It is important to keep the volume of anesthesia to an absolute minimum so that tumescence does not obscure the architecture of the corners of the mouth.

Straightforward and Predictable

Thus, with a few straightforward additions to traditional oral blocks, complete anesthesia of the lips can be successfully achieved in a predictable fashion. Adequate pain control will enhance the practice of lip filler injections for the physician and greatly increase patient satisfaction with the procedure. ❏

—Dee Anna Glaser, MD, Section Editor

New in Your Practice

Correct and Protect. For patients looking not only to reduce the appearance of fine lines and wrinkles but also protect their skin against future damage from environmental factors, consider recommending Allergan's Prevage antioxidant cream (idebenone 1%). According to clinical studies, a twice-daily application of Prevage antioxidant cream may reduce fine lines, wrinkles, skin roughness, and dryness in as little as six weeks. The antioxidant idebenone—a relative of Co-Enzyme Q10—penetrates the skin at a deeper level and helps protect the skin from future damage caused by sun damage, air pollution, and cigarette smoke, says Allergan.



A patient shown before (top) and after six weeks of using Prevage antioxidant cream.